

TO: Prospective J-1 Visa Waiver Employers/Sponsors

FROM: Perelia Taylor, Division Director, Office Of Primary Care Liaison

RE: **Revised Mississippi J-1 Visa Waiver Policies and Procedures:  
“Appalachian Regional Commission (ARC)”**

The Office of Primary Care Liaison (OPCL), within the Bureau of Policy and Planning has been designated as the Division to serve as a State Contact and clearinghouse for the above referenced program. OPCL will administer the program in a fair and consistent manner, as well as provide technical assistance to all interested in developing either the site predetermination or “actual” application for placement of a foreign-trained J-1 Visa Waiver provider. Attached please find the revised Mississippi J-1 Visa Waiver Policies and Procedures for the ARC Program.

**Please note the changes/modifications to the ARC J-1 Waiver Policies. THESE POLICIES AND PROCEDURES ARE EFFECTIVE IMMEDIATELY.**

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE J-1 WAIVER PROCESS:

- Health care facilities/sites/sponsors interested in employing J-1 Visa Waiver physicians **must** submit a written request to the Office of Primary Care Liaison for a **“Predetermination”, prior to developing their actual J-1 Visa Waiver Application.** The request, at a minimum, must include the items contained on the attached page, “Site Predetermination Application”. No action in regards to the predetermination will be taken prior to written submission of the application, to include supporting documentation. **NO INFORMATION WILL BE PROVIDED OVER THE TELEPHONE IN REGARDS TO THE APPLICATION PRIOR TO FINAL REVIEW BEING COMPLETED.**
- Information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health recommendations will be provided upon request. Medical facilities located in those counties which are not a part of the Appalachian Regional Commission are ineligible to recruit primary care J-1 Physicians through this program.
- **If** a favorable final determination is provided, your health care facility may request and receive technical assistance in developing a “full-blown” or “actual” application.
- The US Department of State requires that the J-1 Visa Waiver Data Sheet be submitted to the appropriate address contained in the Department’s policies, along with the \$230.00 user processing fee and two self-addressed, stamped, legal-size envelopes. A USIA file number will be assigned, and must be placed on each page within the actual application. The Department of State’s mailing address; copies of the Appalachian Regional Commission’s policy and agreement; and the required data sheet are included in this packet.

If there are questions, please contact the Office of Primary Care at 601/576-7216.

## **INDEX OF MATERIALS CONTAINED WITHIN THIS PACKET**

- A. Letter to MSDH Requesting Assistance in recommending the placement of a J-1Visa waiver provider (see letter with minimum required information).**
- B. Site Predetermination Application Form (all required documentation must be provided)**
- C. Must be completed for POPULATION GROUP DESIGNATIONS ONLY: Statistical documentation for service provided to low-income or medically indigent population group.**
- D. Required Waiver Review Application Data Sheet.  
Website Address - <http://travel.state.gov/DS-3035.pdf>**
- E. Required User Fee Information for Waiver Processing and USIA Return Address Label. Website Address - <http://travel.state.gov/DS-3035.pdf>**
- F. Federal Co-Chairman's J-1 Visa Waiver Policy (must be signed by physician and sponsor)**
- G. Copy of Notice - Adopted Policy for Health Care Services (Place in Practice Waiting Room)**
- H. Mississippi's J-1 Visa Waiver Guidelines (Revised October 2002):**
  - **MSDH Responsibilities; HPSA Definitions; General Guidelines**
  - **Employment Contract**
  - **Recruitment Requirements**
  - **Program Prohibitions**
  - **Transfer Requests**
  - **Releases - Termination/Mutual Release/Death**
  - **National Interest Waiver Requests**
  - **Certification Form for Mississippi's Program (Signatures required)**
- I. MSDH and Department of State Mailing Addresses; Status Inquiries Telephone Numbers and General Application and Employment Contract Requirement/ Statement**
- J. ARC J-1 Visa Waiver Application Order of Assembly**
- K. ARC Cover Letter - Address to The Honorable Anne Pope, Federal Co-Chairman. This letter must be provided, including all requested information and statements**
- L. J-1Visa Waiver Policy Affidavit and Agreement**
- M. J-1 Visa Liquidated Damages Clause**
- N. Copy of USIA Exchange Visitor Attestation Requirement**
- O. Copy of USIA Employer Attestation Requirement**
- P. J-1 Visa Physician Verification of Employment Form**
- Q. J-1 Visa Physician Transfer Notification Form**

## **A. REQUEST LETTER FROM PROSPECTIVE EMPLOYER TO MSDH**

Ms. Perelia Taylor  
Division Director  
Office of Primary Care Liaison  
Mississippi State Department of Health  
Post Office Box 1700  
Jackson, MS 39215-1700

Dear Ms. Taylor:

**Provide correspondence on the employer's official letterhead stationery, to include the practice address, phone number and FAX number, if any.**

**The letter must also INCLUDE THE FOLLOWING:**

1. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
2. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin.
3. Complete address of practice location(s) including street address, city and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
4. Certification that the facility or practice where the J-1 physician will work must have been operational at least six (6) months. Evidence should include the business license and occupancy permit and staffing list.
5. Attach signed copies of "ARC Federal Co-Chair's J-1 Visa Waiver Policy" and "Mississippi's J-1 Visa Waiver Guidelines", as signed by sponsor and prospective provider (see items D and I). Signed copies indicate that you have read and understand the requirements of the J-1 physician's waiver service commitment, including the ARC J-1 Visa Waiver Policy Affidavit and Agreement, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.

## **B. SITE PREDETERMINATION APPLICATION**

**(This application is available as a separate document from our web site.)**

## **C. FOR DOCUMENTING POPULATION GROUP DESIGNATIONS ONLY**

### **"REQUIRED BY THE APPALACHIAN REGIONAL COMMISSION"**

#### **DEMONSTRATION FOR SPECIAL POPULATION Service to the INDIGENT**

The following information clarifies and strengthens the current policy's requirements regarding the sponsor health facility's responsibility to serve the medically indigent and accept Medicare and Medicaid assignments. This information is required to be submitted during the Site Predetermination Application process. The following table can be utilized to document required information.

Strengthening the non-discrimination requirement addresses a concern affecting the placements of J-1 doctors in Health Professional Shortage Areas (HPSAs) that serve a specific (usually a poverty or low-income) population. These placements are made in geographic areas which otherwise have adequate physician to population ratios except that physicians are not available in adequate supply for the designated population.

The Federal Co-Chairman has requested that future requests for placement in special population HPSAs present evidence that the J-1 physician will actually serve the special population indicated in the application.

To assist in the ARC review the following demonstrations are required:

1. The percentage of patients served by the practice who are provided health services at a reduced, or no charge because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and
2. The percentage of patients under Medicare for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and
3. The percentage of patients under Medicaid for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located.

Request for waivers should at least include the sponsor's record of meeting these standards over the previous three years. Demonstrations of this sort will not be required for Community Health Centers and other Federally Qualified Health Centers, that are otherwise required to serve the target population.

## Low-Income or Medically Indigent

Complete the following information for the existing or proposed practice site in order to substantiate the organization's past, present and future services to the low-income or medically indigent population of the area.

**NOTE:** The information provided should be as accurate as possible. Please do not inflate the numbers. Do not count visits or patients twice even if they may be in more than one category. Totaling items #2 - 7 should equal item #1.

CATEGORY	CALENDAR YEARS			
	2000	2001	2002	2003 Projected
1. Total number of patients served.				
2. Number of patients served that were not charged due to their inability to pay. (No charge)				
3. Number of patients who could not pay the full amount, but paid something (based on a sliding fee scale). Do not include courtesy care.				
4. Number of patients served who receive Medicare.				
5. Number of patients served who receive Medicaid.				
6. Number of patients with full pay/commercial insurance.				
7. Other (please specify): _____				

Also, please provide a written statement detailing how telephone calls are handled from prospective patients who have no health insurance, have Medicaid or who express concerns regarding ability to pay.

**Item D.        US Department of State J-1 Visa Waiver  
Review Application**

**Item E.        US Department of State J-1 Visa Waiver  
Applications Instructions**

**Must be Downloaded from Website:**

**<http://travel.state.gov/DS-3035.pdf>**

## **F. FEDERAL CO-CHAIRMAN'S J-1 VISA WAIVER POLICY**

The Appalachian Regional Commission (ARC) is committed to assisting all residents of Appalachia to have access to quality, affordable health care. Accordingly, the Federal Co-Chairman (FCC) of the ARC is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions. The FCC's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. In all instances the FCC reserves the right at the FCC's discretion to recommend or decline to recommend any request for a waiver.

These ARC guidelines are the minimum requirements, which must be complied with by sponsors and applicants, but each state may impose additional requirements as it deems necessary to support its physician recruitment program.

1. Physician requests must be sponsored by a State within the Appalachian Region and will be considered by the FCC only upon written recommendation of the Governor of the sponsoring State.
2. The physician must agree to provide primary medical care for at least forty (40) hours a week at a site in a Health Professions Shortage Area (HPSA), as designated by the United States Public Health Service, within the legislatively defined ARC service area for a minimum of three years or longer, as a specific State policy may require. Travel or on-call time may not be included in the 40 hours required by this paragraph. However, in appropriate cases the State may make exceptions to allow travel or on-call for obstetricians.
3. The sponsor must demonstrate that it has made a reasonable good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six months immediately preceding the request for waiver. The sponsor shall demonstrate, with such supporting documentation as the Federal Co-Chairman may require, that it has undertaken such recruitment through a reasonable number of appropriate sources including but not limited to advertisements in newspapers and medical journals of national and statewide circulation most likely to bring responses from able, willing, qualified, and available U.S. doctors and job opportunity notices placed in appropriate medical schools including all medical schools in the state in which the hospital or clinic is located.
4. The employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause, which prevents or discourages the physician from continuing to practice in any HPSA after the period of obligation under this policy, has expired.
5. The physician, prior to employment, must be licensed by the State where he or she will practice and must have completed a residency in one of the following specialties: family practice, general pediatrics, obstetrics, general internal medicine or psychiatry.
6. The physician must not have been "out of status" (as defined by the Immigration and



Naturalization Service of the United States Department of Justice) for more than 180 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 and every other document needed to verify status.

7. The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third party insurance may be charged the full fee for service. A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required in this paragraph. Such notice must contain at least the information set forth in the sample notice, which follows this policy statement. **Sponsors seeking a placement in a special population HPSA must demonstrate their recent record of serving Medicare, Medicaid and medically indigent patients as well as their continuing intentions to serve such individuals.**
8. The physician must sign and have notarized the Federal Co-Chairman's "J-1 Visa Policy Affidavit and Agreement" prior to consideration by the Federal Co-Chairman of the request and must comply with the terms and conditions set forth in that document.
9. All requests approved initially by the FCC and approved subsequently by the Immigration and Naturalization Service of the United States Department of Justice will be subject to review by ARC's Inspector General for compliance with this policy statement and other applicable laws. A sponsor's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same sponsor.

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Sponsoring Employer Signature

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Date

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J-1 Applicant Signature

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Date

Revised by ARC February 2001

# **G. N O T I C E T O B E P O S T E D**

## **THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES**

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons, unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any persons receiving health services because of his/her inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the State agency which administers the State Plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical Assistance under the plan.

**H. MISSISSIPPI J-1 VISA WAIVER GUIDELINES**  
**"APPALACHIAN REGIONAL COMMISSION"**  
**Revised October 2001**

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The Mississippi State Department of Health (MSDH) is committed to assuring that all Mississippi residents have access to quality, affordable health care. The Office of Primary Care Liaison reviews applications and makes recommendations to the Appalachian Regional Commission, hereafter referred to as the "ARC", in regards to the primary care J-1 visa waiver placements within that region of the state. The applications will be reviewed for completeness, and inclusion of all appropriate documentation, as required by the federal agency.

1. The primary purpose of the Mississippi J-1 Visa Waiver Programs is to improve access to primary health care in physician shortage areas in Mississippi and secondarily, to needed specialty care, by sponsoring physicians holding J-1 Visas.
2. The State of Mississippi recognizes that the J-1 Visa Waiver Program affords J-1 Visa holders the privilege of waiving their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.
3. The provision of assistance to the ARC in the administration of this program is designed to be consistent with the federal requirements of the program resulting in added benefits to the State of Mississippi.
4. The purpose of the following Guidelines is to articulate the conditions under which the State of Mississippi will provide a recommendation to the ARC.
5. The recommendations provided to the ARC will in no way interfere with placements through the MSDH Office of Primary Care Liaison's "State 20 Program". The Mississippi J-1 Visa Waiver Program through the "State 20 Program" is a separate and distinct program from any other program and is an additional program to any now operating within the State of Mississippi.
6. Before a completed application is submitted the potential employer must submit a Site Predetermination Application to determine if the site will qualify for a proposed J-1 physician placement.
7. The Mississippi State Department of Health's Guidelines are completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to the MSDH does not ensure an automatic waiver recommendation. In all instances, MSDH reserves the right to recommend or deny any request for a waiver.

8. Definition of a Health Professional Shortage Area (HPSA)\* - Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined to include geographical areas - urban and rural, population groups, and facilities with shortages of primary health care and mental health providers.

Geographical Area Designated HPSAs - Three basic determinations are required for this request: (1) the geographical area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise accessible.

Population Designated HPSAs - Requests for a J-1 physician to practice in a population-designated HPSA must include evidence that at least 51 percent of the facility's patients are members of the designated population.

Facility Designated HPSAs - This applies to correctional facilities and state mental hospitals. Some public and non-profit private facilities located outside designated HPSAs may be designated if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

\* Definitions obtained from the Office of Shortage Designation in Bethesda, Maryland

9. An Employer/Medical Facility eligible to recruit and hire J-1 Visa physicians through the Program must be a facility that meets one of the following criteria:
  - a. a public health facility, an ambulatory medical facility, a community health center, a community mental health center; or
  - b. a hospital or state mental hospital.

## **GENERAL GUIDELINES:**

The State of Mississippi is prepared to make recommendations to the ARC on behalf of Mississippi health care facilities for physicians holding J-1 Visas for the purpose of waiving the two-year foreign residency requirement. All conditions of the following ARC and Mississippi J-1 Visa Waiver policies/guidelines must be met. Employers are encouraged to impose additional provisions in order to assure that the delivery of care is consistent with their facility's policies.

1. Physicians who have completed a U.S. residency training program in family practice, general internal medicine, general pediatrics, and obstetrics/gynecology are considered to be primary care physicians. Psychiatrists are also considered for the program. Physicians with other specialties are not considered to be primary care physicians for the purpose of this program.
2. The medical facility or practice must be located in a county or portion of county currently designated by the United States Department of Health and Human Services as a HPSA for primary medical care or mental health, in the case of the recruitment of psychiatrists.
3. All requests must be fully documented as to the need for the primary care or specialty physician in the community. At a minimum, include the following:
  - a. a geographic description or rural character of the service area;
  - b. a description of the unmet need (such as gaps in service, waiting times, environmental factors, ethnic health care issues, etc.) within the community; discussions of barriers to the specific medical service or unique circumstances in regards to environment, community or service; percentage of medically indigent patients served by the site, not including Medicare or Medicaid patients; and how the J-1 Visa physician will satisfy and reduce the unmet need; and
  - c. a list of all health care resources in the community, i.e., primary care clinics, hospitals, number of primary care physicians by specialty and other specialists if a specialty other than primary care is being requested. A list of primary care/psychiatric physicians, including J-1 and H-1B, and loan-repayment physicians, currently practicing in the HPSA must also be included.
  - d. a description of the activities that have occurred to recruit a U. S. physician. Refer to the "Recruitment" section for specifics.
4. Only the number of physicians needed to eliminate the physician shortage will be recommended. The number of J-1 physicians approved for placement within a currently designated HPSA will generally be limited to the threshold, i.e. the number of additional primary care physicians needed for the area to meet a population-to-physician ratio of 3000:1. Consideration will be given to placement of physicians in areas which do not meet the threshold requirement if there is a documented critical need for a particular primary care specialty. All full-time equivalent U. S. primary care providers and foreign providers, placed through the J-1 Visa Waiver programs, will be counted when determining threshold capacity.

5. Waiver requests must be submitted by the employer or the employer's representative. All employment contracts must be between the sponsoring employer and the J-1 Visa physician.
6. The facility or practice where the J-1 physician will work must have been operational at least six months at the time the waiver request is submitted. Evidence should include the business license and occupancy permit, facility address, fax and telephone numbers, staffing list. Exceptions may be considered.
7. The facility or practice must accept all patients regardless of ability to pay. The sponsoring entity must agree to provide services to individuals without discriminating against them because (a) they are unable to pay for those services and/or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided.
8. The facility must post a schedule of discounts or an adopted sliding fee scale in its waiting room. Charges must be discounted for persons at or below 200 percent of poverty level. If the person is unable to pay the charge, such person shall be charged at a reduced rate in accordance with an adopted and utilized policy or not charged at all. The notice in the waiting room must contain at least the information set forth in the sample notice provided in this application package.
9. The J-1 Visa physician must accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVIII of such act (Medicare).
10. The J-1 Visa physician must enter into an appropriate agreement with the Mississippi state agency which administers the state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.
11. The employer must make known to the HPSA community that the J-1 physician will comply with the terms and conditions stated in the Guidelines by posting a notice in a conspicuous place in the waiting area of the practice stating that all patients will be seen regardless of their ability to pay.
12. The waiver request must include support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.
13. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more

than 180 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 and every other document needed to verify status. The name of the foreign trained provider must be provided during the initial "Site Predetermination Application" process in order to remain compliant with this requirement.

14. A statement in writing is required indicating that the home government has no objection to the waiver if the physician's medical education or training has been funded by the government of the graduate's home country. He or she should obtain this statement from the physician's embassy in Washington or home country. The "No Objection" statements for these physicians should contain the following or similar language:

Pursuant to Public Law 103-416, the Government of (Country) has no objection if (name and address of the foreign medical graduate) does not return to (Country) to satisfy the two-year foreign residence requirement of 212(e) of the Immigration and Nationality Act (INA).]

15. The J-1 physician and his/her employer must, on commencement of practice and annually thereafter through the contract period, verify the physician's practice site address and field of practice. The reporting can be submitted on the "J-1 Visa Physician Verification of Employment Form" contained in this application packet. The first report must be submitted within 30 days. For population based HPSAs, documentation that the population the foreign physician was placed there to serve was indeed served must be submitted. The final report must indicate whether the J-1 physician intends to remain in the shortage area to practice. Failure to submit accurate reports in a timely manner that comply with the Mississippi J-1 Visa Waiver Guidelines will jeopardize future recommendations for J-1 Visa physician placements. These verification forms will be shared with the ARC.
16. Job transfers must be approved by MSDH before the transfer occurs so that it can be determined if the new area is rural and still underserved. Refer to "Transfer" section for related procedures and minimum requirements.
17. National Interest Waiver Requests will be considered only for those J-1 Visa Waiver applications that have been reviewed and/or recommendations made in regards to Mississippi's State 20, the Appalachian Regional Commission, and the Department of Agriculture's programs. Refer to "National Interest Waiver Letter Requests" section for specific policies and procedures.

## **EMPLOYMENT CONTRACT:**

1. The J-1 physician is responsible for locating and negotiating a contract for a minimum of three (3) years and preferably four (4) years (unless the service requirement is amended) to provide care a minimum of 40 hours per week, as a primary care physician or psychiatrist in a federally designated HPSA in Mississippi. The 40 hours must be performed during normal office hours, or hours which best suit the needs of the community, and may not be performed in less than four (4) days a week. A weekly schedule must be included in all waiver requests. It is recommended that each party have its own legal representation in preparation of the contract.
2. The J-1 physician must be board eligible in his/her field of practice and eligible for Mississippi licensure.
3. By regulation (Immigration and Nationality Act, as amended, section 214(k)(1) [8U.S.C. §1184 (k)(1)]), the J-1 physician must commence practice within 90 days of receiving a waiver.
4. The J-1 Visa physician must agree in writing that he or she will begin employment within 90 days of receiving a waiver; and a statement from the J-1 Visa physician regarding planned commitment to the community should be provided.
5. The ARC will be notified if a J-1 physician is found not to have reported or not be practicing medicine a minimum of 40 hours per week in the location for which the recommendation was made.
6. MSDH must be notified when the J-1 physician does not report for duty.
7. The employer and/or J-1 physician must notify MSDH of breach or termination of contract.
8. For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon site and treating the patients he/she has agreed to treat in the manner agreed upon, unless the contract of resulting transfer has been submitted to the MSDH and approved by the ARC.
9. The contract should not state commencement or expiration dates. It is a tentative contract based on the application being approved through ARC, U.S. Department of State and INS.
10. A non-competition clause or any provision that purports to limit the J-1 physician's ability to remain in the area upon completion of the contract term is prohibited by regulation.



11. The contract must include a liquidation damages clause as required by the ARC. Specific wording to be included in the contract is included in this packet. However, any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended are not allowed.
12. Include in all employment contracts the following information:
  - guaranteed 3-year base salary
  - benefits
  - insurance
  - field of practice, practice site name and address for 40 hours for at least 4 days per week, not including travel and on-call time; days and hours on site, if multiple sites.
  - leave (annual, sick, continuing medical education, holidays)
  - commencement date begins within 90 days of receipt of J-1 visa waiver
  - statement that amendments shall adhere to ARC and Federal J-1 visa waiver requirements

## **RECRUITMENT:**

1. The medical facility must provide evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six (6) months prior to preparing/signing a contract.
2. Recruitment efforts must include regional and national print advertising stating the position available and the practice site location.
  - Copies of ads submitted must show the publication date. On-line ads must show the dates the ad was on-line.
  - Ads run at the time of or after preparation of the contract are not usable.
  - Advertising bill and payment receipts may be included.
  - Include copies of recruitment firm contracts, if applicable.
3. Documentation required, in response to national recruitment advertisements.
  - ◆ Copies of at least four (4) certified letters to medical schools.
  - ◆ Copies of CVs/resumes submitted in response to recruitment efforts.
  - ◆ Names of non-foreign physicians applying and/or interviewed and detailed justification on reasons not hired.

4. Priority hire must be given to physicians other than J-1 physicians (presumably H-1Bs) who apply for the waiver job and are qualified. The employer must show that hiring a J-1 physician is a last resort.

## **PROHIBITIONS:**

### **MSDH will not consider recommendations under the following circumstances:**

1. Preliminary determinations over the telephone prior to final review of the Site Predetermination being completed.
2. Exceptions to or interpretations of these policies which have occurred without the written approval of the Federal sponsoring agency or its designee.
3. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 Visa physicians through the Program, with the exception of psychiatrists and specialists.
4. Practice arrangements or contractual obligations entered into by the foreign physician prior to a recommendation being made to the federal agency or approval being given through the J-1 Visa Waiver application process, by the federal agency.
5. Requests from areas/populations that have become fully served due to sufficient placement of physicians, unless a previously recommended J-1 physician has left the area or for replacement of local physicians who have discontinued practice in a designated area. Exceptional circumstances will be reviewed on a case-by-case basis.
6. Requests from an employer who is a former J-1 physician currently fulfilling his/her required 3-year obligation.
7. A waiver for a relative or acquaintance of the employer.

## **TRANSFERS:**

The following guidelines and procedures apply for J-1 Visa physicians transferring from one HPSA to another, from one organization to another, or within the same HPSA. A “Transfer Notification Form” is included in this application packet. A minimum two year commitment by the J-1 Visa physician to practice in the new site is required.

1. The proposed transfer site must meet all of the eligibility and program requirements. Completion of a Site Predetermination Application will be required for those transferring to a HPSA (if not the same HPSA) or to a new sponsoring facility organization.
2. The foreign physician shall make no plans for a transfer or moving of personal possessions until the OPCL and the federal sponsoring agency has reviewed and/or approved the request.
3. The J-1 physician retains sole responsibility for notifying their current employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the original or current employer or as specified in their employment contract.
4. If the foreign provider is being retained by the original employer, and is being transferred to another HPSA to better serve the residents of Mississippi, the new community's population to patient ratio must exceed the 3000:1 threshold requirement, and need for the foreign provider in the community must be documented.
  - a. Responsibility of the J-1 Visa Physician:
    - Notify the Office of Primary Care Liaison, in writing, who will intervene on the health care facilities behalf to the federal sponsoring agency, of the intent to transfer the J-1 physician, detailing the reason for the transfer; and a statement acknowledging agreement to the proposed transfer, if applicable.
    - Provide the Office of Primary Care Liaison with the new practice site, address, telephone number, employer, hours of work, and proposed date of transfer; and
    - The new site must meet all requirements of the Program Guidelines.
  - b. Responsibility of First Employer:
    - Provide a letter to the Office of Primary Care Liaison releasing the J-1 Visa physician from employment; and/or
    - Provide an explanation for transfer or termination of contract.
  - c. Responsibility of Second Employer:
    - Provide a letter to the Office of Primary Care Liaison of the intent to employ the J-1 Visa physician;
    - Provide the Office of Primary Care Liaison with a copy of the employment contract; and
    - Provide in writing, with documentation, that the new site meets the eligibility requirements in the Mississippi J-1 Visa Waiver Guidelines and the federal agency sponsoring the J-1 visa waiver.

5. For the foreign physician transferring from another state to a HPSA in Mississippi, the following must be provided:
  - a. A Site Predetermination Application must be completed. If an approval is provided, a complete J-1 Visa Waiver application must be submitted, to include a recommended four (4) year employment contract.
  - b. The foreign provider must obtain a Mississippi medical license prior to commencing practice.

**FOREIGN PHYSICIANS RELEASED DUE TO TERMINATION, MUTUAL RELEASE, OR DEATH:**

1. The OPCL must be informed in writing by the sponsoring employer of the following circumstances:
  - a. the sponsoring employer determines that there is reasonable cause to terminate the employment contract of a foreign provider;
  - b. the employer and foreign provider mutually agree to the release from employment;
  - c. there are no funds to reimburse the foreign provider for their services; or
  - d. there is a loss due to the death of the foreign provider.
2. OPCL will assist, in a limited way, the sponsoring employer and foreign physician in resolving termination disputes. However, OPCL will assume no position in the dispute.
3. OPCL will assist, in a limited way, the foreign provider in securing another position in the state.

## **NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS:**

The following policies apply only to applications the Mississippi State Department of Health has reviewed and/or made recommendations in regards to Mississippi's State 20, Appalachian Regional Commission, and the Department of Agriculture's J-1 Visa Waiver Programs.

1. A NIW support letter for a foreign-trained physician will be given consideration when a physician has been in the employment contract with a Mississippi health facility or medical provider for a minimum of two years of the obligation period.
2. The facility or geographical area in which the foreign physician's placement has occurred must be currently designated as a Mississippi health professional shortage area (HPSA) by the MSDH Office of Primary Care Liaison.
3. A current letter of support from the health facility or medical provider who has sponsored the original J-1 Visa Waiver must be provided which indicates that the foreign physician placement has resulted in an acceptable or satisfactory condition to support the delivery of primary care services.
4. A statement must be provided, dated and signed by the foreign physician, that he/she agrees to meet the original obligations of the employment contract entered as PL 106-95 does not change the foreign physician's obligation of the original contract terms.
5. In the event that the foreign physician requesting a NIW support letter has completed the original contract terms, the terms noted in items 2 and 3 must be met for consideration of a NIW support letter.
6. The NIW support letter will be addressed to the entity who requests the letter, either the individual foreign physician or the designated representative.
7. A NIW support letter will not be provided when circumstances present that a foreign physician has transferred to a work site other than the original placement without notification to the MSDH.

## Certification of Compliance with the Mississippi J-1 Visa Waiver Program

The Office of Primary Care Liaison will review each waiver application to ensure that the proposed placement will not affect the practice of a U.S. physician or compromise delivery of health care in the HPSA service area. *A Site Predetermination Application is required to determine if the proposed site will qualify for a J-1 Visa Waiver placement.*

The Mississippi State Department of Health is wholly responsible for the interpretation of these Guidelines. The MSDH assumes no responsibility for future actions taken by the Federal Sponsoring Agency or any potential investigation that may be conducted by the Office of Inspector General or any other governmental agency.

The factors that will determine approval or denial will be based on, but not limited to, the following:

1. Physician to population ratio of 1:3000 in the HPSA service area, including practicing National Health Service Corps physicians and J-1 physicians serving their commitments;
2. Verification that the employer has a written policy that states that the J-1 Visa physician will accept all patients regardless of their ability to pay and utilize a schedule of discounts or sliding fee scale. A schedule of discounts or sliding fee scale is not required for specialist placements;
3. The J-1 Visa physician's commitment to practice primary care exclusively if the placement is to provide primary care even though he/she may have had sub-specialty training;
4. The foreign trained physician is committed to the area and working with the system of care that is within the service area, and
5. Assurance that the proposed services to be delivered by the J-1 physician does not have an adverse effect on other programs and policies of the state of Mississippi.

I have read and fully understand the terms and conditions of the Mississippi J-1 Visa Waiver Guidelines.

\_\_\_\_\_  
of J-1 Visa Physician Date Signature

I have read and fully understand the terms and conditions of the Mississippi J-1 Visa Waiver Guidelines.

\_\_\_\_\_  
Signature of Chief Executive Officer Date

**I. STATE OF MISSISSIPPI  
J-1 VISA WAIVER PROGRAM APPLICATION INFORMATION**

An original and two (2) copies of the J-1 Visa Waiver application should be mailed to the Mississippi State Department of Health address listed below.

**MAIL APPLICATIONS TO:**

**MSDH - Office of Primary Care Liaison  
Post Office Box 1700  
570 East Woodrow Wilson  
Jackson, MS 39215-1700**

Inquiries regarding the application process or status of application while being reviewed by the Mississippi State Department of Health, contact the Office of Primary Care Liaison office at (601) 576-7216. Upon receipt the application is assigned to a staff person within the office. A support letter will be solicited from the Governor of the State of Mississippi by the OPCL.

\*\*\*\*\*

The US Department of State requires that the J-1 Visa Waiver Data Sheet, along with supporting documentation, and the user processing fee of \$230.00 be sent to:

**Postal Service**

**US Department of State  
Waiver Review Division  
Post Office Box 952137  
St. Louis, MO 63195-2137**

**Courier Service**

**US Department of State  
Waiver Review Division  
(Box 952137)  
1005 Convention Plaza  
St. Louis, MO 63101-1200**

- Website address for forms: <http://travel.state.gov/DS-3035.pdf>
- Status inquiries on a waiver application must call 202-663-1600 or 202-663-1225.

\*\*\*\*\*

**APPLICATION REQUIREMENT:**

The following must be included in the application developed by or on behalf of the sponsoring entity: A copy of “Mississippi J-1 Visa Waiver Guidelines”, including signed certification of compliance page (pages 1-10, original signatures required), indicating that the sponsoring facility and foreign provider have read, understand, and will comply with the additional requirements imposed by the state; and will cooperate with the State Contact (OPCL) in the reporting and monitoring process.

\*\*\*\*\*

**EMPLOYMENT CONTRACT**

- The MSDH will support amending the service requirement of three (3) years.
- The recommended term of the employment contract with Mississippi health care facilities is a minimum of four (4) years. A four or more year employment obligation indicates a commitment to the area and community.

## **J. ARC J-1 VISA WAIVER PACKAGE FOR PHYSICIANS**

**Please provide an original and two (2) copies of the J-1 Visa Waiver Application assembled in the following order. (The USIA File Number must be included on all pages.):**

1. Cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead paper, and G-28, if appropriate. Cover Letter format immediately follows this page.
2. Department of State Data Sheet (2 copies) (Blank copy included in packet.)
3. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign-trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.
4. CV, including Social Security Number
5. Notarized USIA Exchange Visitor Attestation form (Blank copy included in packet)
6. Notarized USIA Employer Attestation form (Blank copy included in packet)
7. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" for minimum requirements.)
8. Documentation of employer's regional and national recruitment efforts (See "Recruitment " for minimum requirements).
9. Proof of current HPSA designation (must have been updated within the last five years).
10. Letters of community support from community leaders, local physicians, hospital administrators, etc.
11. Letters of recommendation from those who know the J-1 physician's qualifications.
12. Qualifications (copies of diplomas, licenses, board certification).
13. Proof of facility's existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
14. List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.
15. Notarized attestation that employer and staff were not acquainted with the J-1 physician prior to his/her application. Statement that the parties are not related.
16. No objection statement, if applicable.
17. I-94.
18. Completed USIA Return Address label form. (Blank copy included in packet.)



## **K. REQUIRED FORMAT - EMPLOYER'S WAIVER REQUEST LETTER**

### **ADDRESS TO:**

The Honorable Anne Pope  
Federal Co-Chairman  
Appalachian Regional Commission  
1666 Connecticut Avenue, N.W., Suite 700  
Washington, D.C. 20235

### **INCLUDE THE FOLLOWING:**

1. Name of doctor and medical specialty
2. A statement by the head of the health care facility at which the foreign medical graduate will be employed, that the facility is located in an area designated by the Secretary of Health and Human Services as a Primary Medical Care or Mental Health Professional shortage area, as applicable, and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list the primary care Health professional shortage Area or Mental Health professional shortage Area/Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code or the area where the facility is located. If the HPSA designation is based on a special population, the Site Predetermination Application process should have included the necessary documentation. Such documentation will not be required for Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award instead.
3. Assertion that physician will practice primary care or mental health a minimum of 40 hours a week in the HPSA indicated, exclusive of time spent on call, inpatient care, hospital rounds, scheduled after-hour coverage or travel.
4. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
5. Employer identity (i.e. CHC, FQHC, for-profit, not-for-profit); parent organization, etc.
6. A statement of need, including facts regarding the area involved; description of the program; and effect of waiver denial
7. Acknowledgment that all the terms and conditions of the physician's J-1 Policy Affidavit and Agreement have been incorporated into the employment agreement; and that the employment agreement does not modify or amend any of the terms or conditions of physician's J-1 Visa Policy Affidavit and Agreement.
8. Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

## **L. ARC J-1 VISA WAIVER POLICY AFFIDAVIT AND AGREEMENT**

I, \_\_\_\_\_, being duly sworn, hereby request the Federal Co-Chairman of the Appalachian Regional Commission to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Appalachian Regional Commission (ARC), the Federal Co-Chairman, any and all ARC employees, agents and assigns from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is the ARC Federal Co-Chairman's voluntary policy and desire to improve the availability of primary medical care in regions designated by the United States Public Health Service (USPHS) as Health Professions Shortage Areas (HPSAs) in Appalachia.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a USPHS designated HPSA located in the ARC jurisdiction. Such service shall commence not later than 90 days after I receive approval by the United States Immigration and Naturalization Service (INS) of my waiver request and shall continue for a period of a minimum of three (3) years or longer, as a specific State policy may require (recommended term of four years, in accordance with the J-1 Visa Waiver POLICIES AND PROCEDURES for the State of Mississippi).
4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the ARC liquidated damages clause, of \$250,000 payable to the employer. (A copy of all employment agreements are attached to this request). This damages clause shall be activated by my termination of employment, initiated by my employer for cause or by me for any reason, only if my termination occurs before fulfilling the minimum three year service requirement (recommended term of four years of service, in accordance with the J-1 Visa Waiver POLICIES AND PROCEDURES for the State of Mississippi). In the event of a transfer under the ARC liquidated damages clause, a transfer notification form must be obtained by ARC. This form must be filled out and returned to ARC with a copy to the State Contact.
5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this J-1 Visa Waiver Affidavit and Agreement.
6. I also agree to incorporate all terms of this J-1 Visa Waiver Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.

7. I understand and agree that I will provide services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid.
8. I have read and fully understand the "ARC Federal Co-Chairman's J-1 Visa Waiver Policy", a copy of which is specifically incorporated by reference.
9. I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the INS, and I agree to provide written notification of the specific location and nature of my practice to the ARC and the State contact at the time I receive notification from INS and I commence rendering services in the ARC jurisdiction and on an annual basis thereafter.
10. I declare and certify, under penalty of the provisions of 18 U.S.C.1001, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the Appalachian Regional Commission to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
11. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the Office of the ARC Federal Co-Chairman will notify the INS and recommend deportation proceedings be instituted against me. Additionally, any and all other measures available to the Office of the ARC Federal Co-Chairman will be taken in the event of my non-compliance.

I declare under the penalties of perjury that the foregoing is true and correct.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

## M. "REQUIRED TO BE INCLUDED IN EMPLOYMENT CONTRACT"

### **APPALACHIAN REGIONAL COMMISSION APPLICATIONS J-1 VISA LIQUIDATED DAMAGES CLAUSE**

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Any breach or non-fulfillment of conditions will be considered a substantial breach of this agreement by you. If there is such a breach (NAME OF EMPLOYER) may, at its option, terminate this agreement immediately. In addition, it is agreed that (NAME OF EMPLOYER) will be substantially damaged by your failure to remain at (NAME OF EMPLOYER) in the practice of medicine for a minimum of three (3) years and that, considering that precise damages are difficult to calculate, you will agree to pay to (NAME OF EMPLOYER) the sum of \$250,000.00 for failure to fulfill your minimum three-year contract. In addition to liquidated damages, (NAME OF EMPLOYER) will recover from you any other consequential damages, and reasonable attorney's fees, due to failure to provide services to (NAME OF EMPLOYER) for a minimum of three (3) years, EXCEPT THAT, the full-time practice of medicine at another licensed medical facility, in a Health Professional Shortage Area (as defined by United State Public Health Service) within the Appalachian Region (as defined by ARC) shall be considered the same as full time practice of medicine at (NAME OF EMPLOYER) for purpose of this paragraph. In the event of a dispute under this paragraph, either party may submit this matter to binding arbitration.

### **RE: ADDITIONAL LIQUIDATED DAMAGE CLAUSES**

**Any other clause mandating consequential or liquidated damages being paid to the employer must be separate from the ARC clause. ARC takes no position with respect to the inclusion of such an additional contractual agreement.**

## **N. USIA EXCHANGE VISITOR ATTESTATION**

I, (please print) \_\_\_\_\_

hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the U. S. Department of Agriculture, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

## O. USIA EMPLOYER ATTESTATION

I, (please print)\_\_\_\_\_

hereby declare and certify, under penalty of the  
provisions of 18 U.S.C. 1001, that \_\_\_\_\_

\_\_\_\_\_ (medical facility) is located in a rural  
primary medical care or mental Health Professional  
Shortage Area and provides medical care to both  
Medicare and Medicaid-eligible patients and indigent,  
uninsured patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

## P. J-1 VISA PHYSICIAN VERIFICATION OF EMPLOYMENT FORM

PHYSICIAN NAME: \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_

INS J-1 Visa Waiver Approval Date: \_\_\_\_\_ H-1(b) Visa Approval Date: \_\_\_\_\_

HOME ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Type of Medical Practice \_\_\_\_\_

Location of Medical Practice \_\_\_\_\_  
Street

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HPSA (include specific County, C.T., CCD, BORO, etc.) \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**I HEREBY CERTIFY THAT I, THE UNDERSIGNED, DO PROVIDE PRIMARY HEALTH CARE SERVICES AT THE ABOVE STATED LOCATION(S) A MINIMUM OF 40 HOURS PER WEEK.**

\_\_\_\_\_  
Physician's Signature  
(Notary)

\_\_\_\_\_  
Date

**EMPLOYER/SPONSOR:**

**I HEREBY CERTIFY THAT DOCTOR \_\_\_\_\_ BEGAN**

**PRACTICING AT \_\_\_\_\_ ON \_\_\_\_\_**

**AND PROVIDES A MINIMUM OF 40 HOURS PER WEEK OF PRIMARY HEALTH CARE IN THE ABOVE LISTED ARC HPSA LOCATION(S).**

\_\_\_\_\_  
Employer/Sponsor's Signature  
(Notary)

\_\_\_\_\_  
Date

RETURN THIS FORM TO THE FOLLOWING:

MS. DEANN REED, OFFICE OF THE GENERAL COUNSEL  
APPALACHIAN REGIONAL COMMISSION  
1666 CONNECTICUT AVENUE, N.W., SUITE 700  
WASHINGTON, D.C. 20009-1068

SEND COPY TO:

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
OFFICE OF PRIMARY CARE LIAISON  
570 EAST WOODROW WILSON - P. O. BOX 1700  
JACKSON, MISSISSIPPI 39215-1700  
TELEPHONE #: 601-576-7216  
FAX #: 601-576-7230

## Q. J-1 VISA PHYSICIAN TRANSFER NOTIFICATION FORM

<p>PHYSICIAN NAME: _____</p> <p>HOME ADDRESS:</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Home Phone: (        ) _____</p>	
<p>Sponsor Name: _____</p> <p><b>Present Location of Medical Practice:</b></p> <p>Street: _____</p> <p>City: _____ State: _____</p> <p>County: _____ HPSA: _____</p> <p>Phone: _____</p> <p>Date of Transfer: _____</p>	
<p>Sponsor Name: _____</p> <p><b>New Location of Medical Practice:</b></p> <p>Street: _____</p> <p>City: _____ State: _____</p> <p>County: _____ HPSA: _____</p> <p>Phone: _____</p>	
<p><b>I HEREBY CERTIFY THAT I, THE UNDERSIGNED, DO PROVIDE PRIMARY HEALTH CARE SERVICES AT THE NEW LOCATION STATED, A MINIMUM OF 40 HOURS PER WEEK.</b></p> <p>_____ Physician's Signature (Notary)</p> <p>_____ Date</p>	
<p><b>I DO HEREBY CERTIFY DOCTOR _____ BEGAN PRACTICING</b></p> <p><b>AT _____ ON _____</b></p> <p><b>AND PROVIDES PRIMARY HEALTH CARE SERVICES AT THE NEW ARC HPSA LOCATION A MINIMUM OF 40 HOURS PER WEEK.</b></p> <p>_____ Sponsor Signature (Notary)</p> <p>_____ Date</p>	

RETURN THIS FORM TO THE FOLLOWING:

MS. DEANN REED, OFFICE OF THE GENERAL COUNSEL  
APPALACHIAN REGIONAL COMMISSION  
1666 CONNECTICUT AVENUE, N.W., SUITE 700  
WASHINGTON, D.C. 20009-1068

SEND COPY TO:

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